

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097 732, 348 FILING DATE	
						APPLICANT(S) 097 32348	
5-26-04 6-29-05 CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2	1	1					52
3		1					53
4		3					54
5		3					55
6		3					56
7	1						57
8	1						58
9		④					59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24			1		1		74
25				1			75
26				1			76
27				1			77
28				1			78
29				1			79
30				1			80
31				1			81
32				1			82
33				1			83
34				1			84
35				1			85
36				1			86
37				1			87
38				1			88
39				1			89
40				1			90
41				1			91
42				1			92
43				1			93
44				1			94
45				1			95
46				1			96
47				1			97
48				1			98
49				1			99
50				1			100
TOTAL IND.	3		2		1		TOTAL IND.
TOTAL DEP.	12		45		19		TOTAL DEP.
TOTAL CLAIMS	15		47		20		TOTAL CLAIMS